



APPLICATION FOR LICENSED PROFESSIONAL LICENSE

GEORGIA STATE BOARD OF PROFESSIONAL COUNSELORS, SOCIAL WORKERS, AND MARRIAGE & FAMILY THERAPISTS

Post Office Box 13446

Macon, Georgia 31208

Phone (478) 207-2440

www.sos.state.ga.us/plb/counselors

Please read the instructions carefully and be familiar with the laws and rules governing the practice of Professional Counseling in the State of Georgia. Visit the following web site for information:
<http://www.sos.state.ga.us/plb/counselors>

****Important****

The Board cannot process incomplete applications. If any item is missing, incomplete or incorrect, your application cannot be reviewed by the Board. Please review this application before you submit it to ensure that all information and documentation is complete and correct. Incomplete applications result in delayed processing. Incomplete applications are void after one year.

Application Checklist

The following checklist is an important part of your application. Please use this checklist to ensure that you submit a **COMPLETE** application.

The **non-refundable application fee** made payable to Georgia Professional Counselors, Social Workers, and Marriage & Family Therapists must be included with the application. (please see Fee Schedule at the Board's website)

PLEASE ACCESS THE BOARD RULES WHICH INCLUDES LICENSURE REQUIREMENTS FROM OUR WEBSITE AT WWW.SOS.STATE.GA.US/PLB/COUNSELORS

EXAM SESSIONS HAVE LIMITED SEATING CAPACITY. ONCE CAPACITY IS REACHED, APPROVED APPLICANTS WILL BE ASSIGNED TO THE NEXT AVAILABLE EXAM.

Application Checklist

- ☐ **NOTARIZED APPLICATION:** The five-page application must be mailed to the Board's office at the address listed above, along with your **fee**. All questions must be answered. Any question answered "yes", requires further documentation to be submitted. Request official court documents be submitted to the Board and provide an explanation if you have had any criminal convictions or charges, or sanctions by another state licensing board. The Board will review a complete application with all required documentation at their next scheduled meeting. Approval of licensure is at the Board's discretion.
- ☐ **NATIONAL BOARD SCORES:** If you have not taken the NCE exam, your application must include **the additional exam fee**. All applicants are required to pass the National Counselor Examination/NBCC exam. If you have taken the NCE exam, please contact the National Board Administrative Offices at (336) 547-0607 and have them certify your scores to Georgia. If you have an Associate Professional Counselor license in Georgia, your LPC application will be combined with the APC application and you will not need to resubmit another NCE exam score.
- ☐ **DEGREE TRANSCRIPT:** All applicants for licensure must have graduated with a master's degree primarily counseling in content from an institution accredited by a regional body recognized by the Council on Higher Education Accreditation. An **official** college transcript certifying the grades, degree conferred and the date awarded must be received in this office directly from the Registrar of the college/school.
- ☐ **FORM A/INTERNSHIP SUPERVISION VERIFICATION:** The instructor of record at the college or university or the Site Supervisor may provide verification of the Internship which was part of your graduate degree program. If you have an Associate Professional License with Georgia, your APC file will be combined with the LPC application and you will not need to submit another Form A/Internship Verification.
- ☐ **OTHER STATE LICENSURE CERTIFICATION:** If you are or have ever been licensed in another State(s), please have that/those State(s) officially certify that license directly to the Board's office.
- ☐ **FORM C- POSTMASTER'S DIRECTED EXPERIENCE SUPERVISION:** This form must be completed by the employer/director and document the hours required to meet minimum licensure requirements.
- ☐ **FORM E- SUPERVISION VERIFICATION:** This form must be completed by an eligible supervisor that has provided supervision which means the direct clinical review, for the purpose of teaching or training, of a professional counselor's interaction with client(s) and document the hours required to meet minimum licensure requirements.
- ☐ **REFERENCES:** Please submit references from two (2) teachers or supervisors who are familiar with their experience in Professional Counseling.
- ☐ **CONSENT FORM:** Please sign the consent form giving permission for the Board to receive any criminal history record information.
- ☐ If your name has changed since you attended school, please make a note on the application advising of your former name(s) so we can match-up the documents with your application.
- ☐ **IMPORTANT:** Applicants, please note when accessing your application status on our website under the *Online Services* category *Check the Status of an Application* that checklist items that have been moved over to the completed column only means that those documents have been received. This tool is to be used as an option for you to monitor your application for items received as you are going through the licensure process.

Only the Georgia Composite Board of Professional Counselors, Social Workers and Marriage & Family Therapists has the authority to approve or deny an application for licensure. Every application file must be submitted to the Board for review. The Board meets monthly to review applications and conduct other Board business. Once your application file has been reviewed by the Board, you will receive written communication of the Board's decision within five to seven working days after the Board meeting.

FOR BOARD USE ONLY

Amount Submitted _____

Date _____

Receipt # _____



FOR BOARD USE ONLY

Certificate Number _____

Date Issued _____

Applicant No. _____

GEORGIA STATE BOARD OF PROFESSIONAL COUNSELORS, SOCIAL WORKERS AND MARRIAGE & FAMILY THERAPISTS

Post Office Box 13446 • Macon, Georgia 31208 • (478) 207-2440

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APPLICATION FOR LICENSE AS A

LICENSED PROFESSIONAL COUNSELOR

Application Fee \$100 (non-refundable)

Additional License Types (currently or previously issued by the Georgia Professional Licensing Boards): _____

Method Obtained by:

Applicant is applying for above referenced license by:

- () Examination
- () Examination Waiver (only if you have already taken the NCE exam thru NBCC)
- () Endorsement (Approved states are AL, AR, KY, LA, ME, MD, NE, OH, OK and PA)

Name _____

First Middle Last

Name as shown on exam records or transcripts
(if different) _____

First Middle Last

***Social Security Number**

Date of Birth

*This information is authorized to be obtained & disclosed to State & Federal agencies pursuant to O.C.G.A. §19-11-1 & O.C.G.A. §20-3-295, 42 U.S.C.A. §551 & 20 U.S.C.A. § 101.

_____ I am a U.S. citizen.

_____ I am not a U.S. citizen, but am a qualified alien under the federal Immigration and Naturalization Act, and I am lawfully present in the United States.

Physical Address _____

Number and Street Apt. No City/State Zip

P.O. Box not acceptable – Please note that your physical address will be made public as part of your licensure verification.

Mailing Address _____

(if different) Number and Street Apt. No City/State Zip

Telephone Number Day Telephone Number Evening Email Address

APPLICATION FOR PROFESSIONAL COUNSELOR LICENSURE
BY EXAMINATION, EXAMINATION WAIVER AND ENDORSEMENT/RECIPROCITY

INSTRUCTIONS: **NO FAXED FORMS ACCEPTED.**

- Please type or print clearly.
- Refer to General Information.
- **APPLY FOR LICENSURE BY EXAMINATION:** If you have met licensure requirements in effect at the time the application is received by the Board office and intend to take the Examination, if approved, complete Parts I, II, IV, V and VI of the Application.
- **APPLY FOR LICENSURE BY EXAMINATION WAIVER:** If you meet all licensure requirements and have taken and passed the NBCC Examination **OR** You hold an Associate Professional Counselor License, have taken and passed the NBCC Examination and completed your Directed Experience in accordance with your Contract, complete Parts I, II, IV, V and VI of the Application **and** submit an official passing grade letter from NBCC to the Board office, if it is not already on file.
- **APPLY FOR LICENSURE BY ENDORSEMENT:** If you are licensed in another state which has laws and rules substantially equal to or greater than the laws and rules of Georgia for licensure of professional counselors, and which has been approved by the Board for endorsement licensure, complete Parts I, II, III, VI of the Application and Form N. **Approved states are AL, AR, KY, LA, ME, MD, NE, OH, OK and PA.**
- **APPLY FOR LICENSURE BY REINSTATEMENT (License lapsed greater than 12 months):** You must satisfy the current requirements for licensure at the time of reinstatement and upon approval re-take the licensing examination.
- Attach Fee. Refer to Fee Schedule. **Application fee is non-refundable.**

Ö CHECK ONE - APPLICATION BY:

- ☐ EXAMINATION
- ☐ EXAMINATION WAIVER
- ☐ ENDORSEMENT – STATE OF: _____

PART II - PROFESSIONAL BACKGROUND

PROFESSIONAL BACKGROUND: **ANSWER "YES" OR "NO" TO THE FOLLOWING QUESTIONS. IF "YES," TO 1 THROUGH 9, ATTACH A DETAILED EXPLANATION.**

- ☐ Yes ☐ No 1. Are you unable to practice safely as a result of use of alcohol or other drugs?
- ☐ Yes ☐ No 2. Have you been denied professional licensure or renewal because of a license disciplinary proceeding?
- ☐ Yes ☐ No 3. Have you ever had a license to practice social work, counseling, marriage and family therapy, or any other profession revoked, suspended or annulled or otherwise sanctioned, including by private order, by any board or agency in Georgia or any other state, territory, or country?
- ☐ Yes ☐ No 4. Have you been subject to disciplinary action or had your membership revoked by any professional organization?
- ☐ Yes ☐ No 5. Have you knowingly failed to renew a license during an investigation of a disciplinary matter against you?
- ☐ Yes ☐ No 6. To the best of your knowledge, is there any disciplinary action or investigation pending against you by any licensing board, agency, or professional organization?
- ☐ Yes ☐ No 7. Have you ever been convicted of any criminal offense?
- ☐ Yes ☐ No 8. Have you ever been arrested, charged or sentenced for the commission of a felony, misdemeanor (other than minor traffic or parking violations) or any crime of moral turpitude, including the entry of a plea of nolo contendere or a plea entered pursuant to the provisions of the "Georgia First Offenders Act? You must respond, "yes" if you plead and completed probation as a First Offender. If yes, provide certified copies of the court disposition.
- ☐ Yes ☐ No 9. Have you been the defendant in a malpractice suit and either entered into a settlement agreement or paid court awarded expenses?
- ☐ Yes ☐ No 10. Do you now hold or have you ever held a license as a licensed professional counselor in any jurisdiction? If "yes" complete the following:
Jurisdiction _____ License No. _____
Date Issued _____ Expiration _____
Please request each licensing board submit verification of license to Georgia
- ☐ Yes ☐ No 11. Have you previously applied for the same license for which you are currently applying?
If "yes" name under which application was submitted: _____
- ☐ Yes ☐ No 12. Have you ever served on active duty in the Armed Forces, the Reserves or the National Guard during wartime or during any conflict when military personnel were committed by the President? If "Yes," you may be eligible for Veterans' Preference Points to be added to your examination score. Submit your DD214 Form to the Board office.

PART III - APPLICANTS FOR LICENSURE BY ENDORSEMENT/RECIPROCITY

INSTRUCTIONS:

The Board may license without examination any Professional Counselor currently licensed in another jurisdiction so long as that jurisdiction's requirements for licensure are substantially equal to those of Georgia.

? I currently hold License # _____ from the State of _____
which was issued on _____.

? I have provided verification of this license to the Board by completing Form N and requesting that the above-referenced state return that Form to the Board office.

PART IV - GRADUATE EDUCATION

INSTRUCTIONS:

- Complete this part for the graduate degree that you want the Board to consider as part of this application.
- List any additional courses you want considered as part of this Application.
- Direct the Registrar of your institution(s) to send an official copy of your transcript directly to the Board office.

DEGREE

☐ Ph.D.
 ☐ Master's - Specialist
 ☐ Master's
 ☐ Master's - Rehabilitation Counseling

Date Awarded:

Program/Major:

Name of Institution:

Street Address:

City/State/Zip:

ADDITIONAL COURSEWORK

COURSE TITLE AND NUMBER	INSTITUTION

REQUIRED COURSEWORK

INSTRUCTIONS:

- List the titles and numbers of courses from your transcript(s) which satisfy the professional counseling content area requirements.
- This must be graduate level coursework from an accredited institution, **either as part of the degree program, or as additional coursework completed prior to, during or after the degree program** to demonstrate that the degree is **primarily counseling in content or a program in applied psychology**.
- Have the Instructor of Record/Supervisor of your Practicum/Internship course complete Form A.
- See Board Rule Chapter 135-5-.02(b)

COUNSELING PSYCHOTHERAPY THEORY

INSTITUTION	COURSE #	COURSE TITLE

COUNSELING OR APPLIED PSYCHOLOGY PRACTICUM OR INTERNSHIP

SIX (6) OF THE FOLLOWING EIGHT (9) CONTENT AREAS

I - HUMAN GROWTH AND DEVELOPMENT

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II - SOCIAL AND CULTURAL FOUNDATIONS OR CORE FOUNDATIONS

III - THE HELPING RELATIONSHIP OR ADVANCED PSYCHOTHERAPY/INTERVENTION THEORY

--	--	--

IV - GROUP DYNAMICS AND GROUP COUNSELING/PSYCHOTHERAPY

--	--	--

V - LIFESTYLE AND CAREER DEVELOPMENT

VI - APPRAISAL/ASSESSMENT OF INDIVIDUALS

VII - RESEARCH METHODS AND EVALUATION OR RESEARCH STATISTICS

VIII - PROFESSIONAL ORIENTATION

IX PSYCHOPATHOLOGY

PART V - POST-MASTER'S DIRECTED EXPERIENCE UNDER SUPERVISION

INSTRUCTIONS:

- The number of years of Post-Master's Directed Experience under Supervision required for licensure as a Professional Counselor **depends on the graduate degree that you hold**. See Board Rule 135-5-.02(b) 2.
- **List only the name(s) and address(es) of the Director(s) and Supervisor(s) whose time you will use to fill the Directed Experience and Supervision requirement for licensure.**
- **Supervision must be for the same 12-month period as the Directed Experience.**
- Have each Director complete a separate Form C.
- Have each Supervisor complete a separate Form E.
- If your Director is missing or deceased, complete Form D.
- If your Supervisor is missing or deceased, complete Form F.

DEGREE: ☐ Ph.D. ☐ Master's Specialist ☐ Master's ☐ Rehabilitation Counseling

DIRECTOR(S)

NAME: _____
ADDRESS: _____
Street City State Zip

NAME: _____
ADDRESS: _____
Street City State Zip

NAME: _____
ADDRESS: _____
Street City State Zip

NAME: _____
ADDRESS: _____
Street City State Zip

NAME: _____
ADDRESS: _____
Street City State Zip

SUPERVISOR(S)

NAME: _____
ADDRESS: _____
Street City State Zip

NAME: _____
ADDRESS: _____
Street City State Zip

NAME: _____
ADDRESS: _____
Street City State Zip

NAME: _____
ADDRESS: _____
Street City State Zip

NAME: _____
ADDRESS: _____
Street City State Zip

PART VI - OATH

I, the undersigned Applicant, do hereby affirm under penalty of perjury that all statements made and information contained in this Application are true and correct to the best of my knowledge and belief. I acknowledge that I may be required to furnish additional information promptly in order for this Application to be processed.

Date Signature of Applicant
Sworn and subscribed to before me this
____ day of _____, _____.

Notary Public
My Commission Expires: _____ NOTARY SEAL



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SOCIAL WORKERS AND MARRIAGE AND FAMILY THERAPISTS
237 Coliseum Drive
Macon, Georgia 31217-3858
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www.sos.state.ga.us/plb/counselors

PROFESSIONAL COUNSELOR
PRACTICUM/INTERNSHIP SUPERVISION VERIFICATION — FORM A

INSTRUCTIONS: Please type or print clearly.

APPLICANTS: NO FAXED FORMS ACCEPTED.

- Complete Part I and submit to your Practicum/Internship Supervisor. See Board Rule Chapter 135-5-.02(a)5.
- If you have more than one practicum or internship, submit a form for each. You may photocopy this form.

PRACTICUM/INTERNSHIP SUPERVISOR:

Complete Part II, noting requirements. Please enclose this form in a sealed envelope. Sign your name over the flap and then either mail it to the applicant or send it directly to the Board office. Fax copies are not acceptable.

The Practicum/Internship must:

- Be part of the master's degree program.
- Be in Professional Counseling or in applied psychology before January 1, 2004
- Include a minimum of 300 hours in the practice of Professional Counseling under supervision.

The Practicum/Internship Supervisor must:

- **Be the Instructor of Record at the college or university or the Site Supervisor; and**
- Be licensed — as a Professional Counselor, Clinical Social Worker, Marriage and Family Therapist, Psychologist, Psychiatrist — or be a Certified Rehabilitation Counselor. See Board Rule Chapter 135-5-1(a) 5 for further details.

PART I - APPLICANT

NAME: SOCIAL SECURITY NUMBER:

PART II — SUPERVISOR

NAME:

ADDRESS:

Street

City

State

Zip Code

TELEPHONE: ()

FAX: ()

TYPE OF LICENSE: ☐ Professional Counselor ☐ Clinical Social Worker ☐ Marriage and Family Therapist
☐ Psychologist ☐ Psychiatrist ☐ Certified Rehabilitation Counselor

LICENSE #:

STATE:

DATE ISSUED:

EXP. DATE:

CERTIFICATION OF SUPERVISION:

I hereby certify that I supervised the Internship/Practicum of the above-named applicant who practiced Professional Counseling work at:

NAME OF PRACTICUM/INTERNSHIP SITE: _____

FROM: _____ TO: _____ FOR A TOTAL OF _____ HOURS.
MONTH/YEAR MONTH/YEAR # HOURS

DESCRIBE THE PRACTICE SUPERVISED: _____

VERIFICATION: I attest that I provided the supervision described above and that this is a true and accurate representation of this supervision.

Date

Sworn to and subscribed before me this

_____ day of _____, _____.

Signature of Supervisor/Instructor of Record

Notary Public

My Commission Expires:

NOTARY SEAL



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PROFESSIONAL COUNSELOR
PRACTICUM/INTERNSHIP - MISSING OR DECEASED SUPERVISOR AFFIDAVIT
FORM B

INSTRUCTIONS: Please type or print clearly.

APPLICANTS: NO FAXED FORMS ACCEPTED.

- Make every effort to locate the supervisor(s)/instructor of record as necessary to document the required Practicum/Internship Experience.
- You may show your diligence with returned mail, copies of letters, verifications from your academic institution, etc.
- If, however, after a diligent search you are unable to locate the supervisor(s), you may attest to undocumented supervision of practicum/internship by taking the Oath below.
- The Board may require additional information upon review.

OATH

Under penalty of perjury, as provided in the Official Code of Georgia Annotated, I hereby aver and swear that I was unsuccessful, after I made a diligent effort, to locate:

Name of Supervisor: _____

who served as my Practicum/Internship Supervisor in the practice of Professional Counseling

during the period of : _____ to _____
Month/Year Month/Year

and during that period he/she was licensed as a:

- ☐ Professional Counselor
- ☐ Clinical Social Worker
- ☐ Marriage and Family Therapist
- ☐ Psychologist
- ☐ Psychiatrist
- ☐ Certified Rehabilitation Counselor

License Number: _____ In the State of : _____

I have attached copies of letters and/or returned mail that demonstrates my attempt/s to reach this supervisor.

_____ Date _____ Signature of Applicant

Sworn to and subscribed before me this
_____ day of _____, _____.

Notary Public

My Commission Expires:

NOTARY SEAL



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APPLICATION FOR PROFESSIONAL COUNSELOR LICENSE BY EXAMINATION
PROFESSIONAL COUNSELOR DIRECTED EXPERIENCE VERIFICATION FORM
FORM C

INSTRUCTIONS: **NO FAXED FORMS ACCEPTED**

- Please print or type.
- **APPLICANT** – Complete Part I and forward this form to the agency or organization in which you completed your directed experience practicing Professional Counseling.
- **AGENCY OR ORGANIZATION** - The Director must Complete Part II and return it to the Applicant for inclusion with the Application for licensure.

PART I – APPLICANT

NAME OF APPLICANT:

First Middle Last Maiden

SOCIAL SECURITY NUMBER:

PART II – AGENCY OR ORGANIZATION

INSTRUCTIONS:

- "Direction" means the on-going administrative oversight of an employer or superior of a practitioner's work.
- **Please See Rule 135-5-.02 for definitions.**

CERTIFICATION

I CERTIFY THAT THE ABOVE-NAMED INDIVIDUAL PRACTICED PROFESSIONAL COUNSELING AT:

Name of Agency or Organization _____

Address: _____

Street City State Zip Code

From : _____ To: _____ For _____ Total Number of Hours.

Date Signature of Director or Authorized Person

Name of Agency or Organization _____ Printed Name

_____ Title/Position

_____ Street Address

_____ City State Zip Code

Telephone: () Fax: ()

Sworn to and subscribed before me this
_____ day of _____, _____.

Notary Public
My Commission Expires: _____.

NOTARY SEAL



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PROFESSIONAL COUNSELOR POST-MASTER'S DIRECTED EXPERIENCE
MISSING OR DECEASED DIRECTOR AFFIDAVIT - FORM D

INSTRUCTIONS: NO FAXED FORMS ACCEPTED.

- Please type or print clearly.
- Post-Master's directed experience may have been obtained at any time during your professional career. The directed experience documented for your licensure application need not necessarily be from the Director(s) who provided your original experience. Recent directed experience may be used, as long as it meets the standards set out in the Rules for Professional Counselors. See Board Rule Chapter 135-5-.02 (a).

The Director must be:

- Either the employer **or** the supervisor in the employment chain of command.
- Located at the same site where the experience is being acquired.

APPLICANTS:

- Make every effort to locate the as many of the directors of Directed Experience as necessary to document the required Directed Experience.
- You may show your diligence with returned mail, copies of letters, verifications from your academic institution, etc.
- If, however, you have obtained sufficient directed experience to meet licensure requirements, but after a diligent search you are unable to locate enough Directors to document the required time, you may attest to undocumented Directed Experience by taking the Oath below.
- The Board may require additional information upon review.

OATH

Under penalty of perjury, as provided in the Official Code of Georgia Annotated, I hereby aver and swear that I was unsuccessful, after I made a diligent effort, to locate:

Name of Director: _____

who served as my Director of directed experience in the practice of Professional Counseling at:

Name and Address of Agency or Organization

from : _____ to _____ totaling _____ years/s on the time basis of _____ hours/week.
Month/Year Month/Year

I have attached copies of letters and/or returned mail that demonstrates my attempt/s to reach this individual..

Date
Sworn to and subscribed before me this
_____ day of _____, _____.

Signature of Applicant

Notary Public
My Commission Expires:

NOTARY SEAL



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APPLICATION FOR CLINICAL PROFESSIONAL COUNSELOR LICENSE BY EXAMINATION
PROFESSIONAL COUNSELING SUPERVISION VERIFICATION FORM
FORM E

INSTRUCTIONS: Please print or type. **NO FAXED FORMS ACCEPTED.**

APPLICANT

- **Complete Part I** and forward this form to each supervisor from the organization or agency in which you completed your directed experience practicing Professional Counseling. Complete a separate form for each Directed Experience Supervisor listed in your application. Use this form to only verify Professional Counseling supervision.
If you need additional forms, you may photocopy this form.

DIRECTED EXPERIENCE SUPERVISOR

- The Directed Experience Supervisor must Complete Part II and return it to the Applicant for inclusion with the Application for licensure.
- "Supervision" means the direct clinical review by a Supervisor for the purpose of training or teaching of a Professional Counselor's interaction with a client.

PART I - APPLICANT

NAME OF APPLICANT: _____
First Middle Last Maiden

SOCIAL SECURITY NUMBER: _____

PART II - DIRECTED EXPERIENCE SUPERVISOR

I HEREBY CERTIFY THAT I SUPERVISED THE ABOVE-NAMED INDIVIDUAL IN THE PRACTICE OF PROFESSIONAL COUNSELING AS FOLLOWS:

SUPERVISION:

Supervision Provided:	From: (Month/Year)	To: (Month/Year)	Total Number of Hours:
Description of Practice Supervised:			

I attest that I served as this Applicant's Directed Experience Supervisor, as defined above, that this description is a true and accurate representation of my supervision of this Applicant, and I:

☐ Recommend ☐ Do Not Recommend this Applicant for licensure.

Date Signature of Directed Experience Supervisor

Highest Level of Education Completed Master's _____ EdD _____ PhD _____ Other _____

Years of Experience After License Issued: _____ Printed Name: _____

Address: _____
Street City State Zip Code

Telephone #: (_____) _____ Fax #: (_____) _____

License Type: _____ License #: _____ State: _____ Date Originally Issued: _____ Exp. Date: _____

Sworn to and subscribed before me this
_____ day of _____, _____.

Notary Public
My Commission Expires: _____.

NOTARY SEAL



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**PROFESSIONAL COUNSELOR
POST-MASTER'S DIRECTED EXPERIENCE - MISSING OR DECEASED SUPERVISOR AFFIDAVIT
FORM F**

INSTRUCTIONS: NO FAXED FORMS ACCEPTED.

- Please type or print clearly.
- Supervision may have been obtained at any time while you engaged in post-master's directed experience. The supervision documented for your licensure application need not necessarily be from the supervisors who provided your original training. Supervision must meet the standards set out in the Rules for Professional Counselors. You must have received a minimum of 30 hours of supervision during each 12-month period of directed experience.

The Directed Experience Supervisor must be:

Either be licensed — as a Professional Counselor, Clinical Social Worker, Marriage and Family Therapist, Psychologist, Psychiatrist — or a Certified Rehabilitation Counselor.

- Meet the post-licensure experience requirements for the degree held.
- See Board Rule Chapter 135-5-.02(a) 5.

APPLICANT:

- Make every effort to locate the as many of the directors of Directed Experience as necessary to document the required Directed Experience.
- You may show your diligence with returned mail, copies of letters, verifications from your academic institution, etc.
- If, however, you have obtained sufficient directed experience to meet licensure requirements, but after a diligent search you are unable to locate enough Directors to document the required time, you may attest to undocumented Directed Experience by taking the Oath below.
- The Board may require additional information upon review.

PART I - APPLICANT

NAME: _____ SOCIAL SECURITY NUMBER: _____

I hold a: ☐ Master's Degree ☐ Specialist Degree ☐ Doctorate Degree

OATH

Under penalty of perjury, as provided in the Official Code of Georgia Annotated, I hereby aver and swear that I was unsuccessful, after I made a diligent effort, to locate:

Name of Supervisor: _____

who served as my supervisor while I worked under the direction of: _____

Name of Director: _____

at: _____

Name of Agency or Organization Address City State Zip

and that this supervisor has the following credentials:

License Type: ☐ Professional Counselor ☐ Clinical Social Worker ☐ Marriage and Family Therapists
☐ Psychologist ☐ Psychiatrist ☐ Certified Rehabilitation Counselor

License #: _____ State: _____ Date Issued: _____ Expir. Date: _____ Years of Practice After Licensed: _____

SUPERVISION:

Supervision Provided:	From: (Month/Year)	To: (Month/Year)	Total Number of Hours:
-----------------------	-----------------------	---------------------	------------------------

Description of Practice Supervised:	
-------------------------------------	--

Date
Sworn to and subscribed before me this
_____ day of _____, _____.

Signature of Applicant

Notary Public
My Commission Expires: _____

NOTARY SEAL



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PROFESSIONAL COUNSELOR
PERSONAL REFERENCE FORM
FORM G

INSTRUCTIONS: NO FAXED FORMS ACCEPTED.

- Please type or print legibly.
- Applicants must have references **from two (2) teachers or supervisors** who are familiar with their experienced in Professional Counseling.
- **APPLICANT** - Complete Part I, give this form to your references with an envelope addressed to yourself. Retrieve the completed form from your reference for inclusion with your application.
- **REFERENCE** - Complete Part II, enclose this form in the envelope provided to you by the applicant, seal the envelope, sign your name across the envelope flap and return it to the applicant.
The Board assumes that in recommending this applicant, references will interpret or substantiate to the Board your recommendation if the Board needs to contact you at a later date.

PART I - APPLICANT

Name: _____

PART II - REFERENCE

Name: _____

Address: _____

Day Phone: () _____

Other Phone: () _____

Relationship to Applicant: ☐ Teacher ☐ Supervisor

Dates of Teaching/Supervisory Relationship: FROM: _____ TO: _____
Month/Day/Year Month/Day/Year

PROFESSIONAL POSITION WHEN TEACHING OR SUPERVISING APPLICANT:

Title: _____

Agency/Institution: _____

Address: _____

RECOMMENDATION: I ☐ Recommend ☐ Do Not Recommend the Applicant for licensure.

ADDITIONAL COMMENTS:

[Please write any comments that would assist the Board in making a decision on this Applicant for licensure.]

Date _____

Signature of Reference _____



GEORGIA COMPOSITE BOARD OF PROFESSIONAL COUNSELORS,
SOCIAL WORKERS AND MARRIAGE AND FAMILY THERAPISTS
237 Coliseum Drive
Macon, Georgia 31217-3858
(478) 207-2440 (Telephone) *(866) 888-7130 (Fax)
www.sos.state.ga.us/plb/counselors

VERIFICATION OF LICENSURE - FORM N

INSTRUCTIONS NO FAXED FORMS ACCEPTED.

- Please type or print legibly.
- **Applicant** - Complete Part I. ☐ Mail a form to the Board or Agency of each state or jurisdiction by which you are currently licensed or certified as a Professional Counselor, Social Worker (any level) or Marriage and Family Therapist. ☐ Request the Licensure Board or Regulatory Agency to send the Georgia Board a copy of its current licensure laws and rules. Refer to List of Approved/Disapproved States for Endorsement.
- **State Licensure Board or Regulatory Agency** - Complete Part II.

PART I - APPLICANT

Full Name:

Address:

Date of Birth:

Social Security #:

GEORGIA LICENSE APPLIED FOR - CHECK ONLY ONE: ☐ Marriage and Family Therapist
☐ Professional Counselor ☐ Clinical Social Worker ☐ Master Social Worker

Jurisdiction:

License Number:

Title of License:

Date Issued:

Expiration Date:

TO WHOM IT MAY CONCERN

I, the undersigned applicant, am applying for a license with the Georgia Composite Board of Professional Counselors, Social Workers and Marriage and Family Therapists. I hereby consent to the release of any information, favorable or otherwise, which you may have concerning my license or practice. Please return the completed form directly to the Georgia Board at the above address.

Date

Signature of Applicant

PART II - LICENSURE BOARD OR REGULATORY AGENCY CERTIFICATION

I, _____, Board Chair or Designated Official

of the _____

Name of Board or Regulatory Agency

certify that the information provided above by this applicant ☐ does ☐ does not conform with that in our record.

If "does not", please explain: _____

According to our record, the applicant ☐ has ☐ has not been disciplined by this or any other Board, state agency, or professional organization. If the applicant has been disciplined, please explain and attach a copy of the Order or Decree:

Date

Signature of Board Chair/Designated Official

Title of Board

Street Address

BOARD SEAL

City/State/Zip Code



**OFFICE OF SECRETARY OF STATE
PROFESSIONAL LICENSING BOARDS DIVISION
GEORGIA COMPOSITE BOARD OF PROFESSIONAL COUNSELORS,
SOCIAL WORKERS AND MARRIAGE AND FAMILY THERAPISTS
237 Coliseum Drive
Macon, Georgia 31217
(478) 207-2440**

CONSENT FORM

I authorize the **Georgia Composite Board of Professional Counselors, Social Workers and Marriage and Family Therapists** to conduct a background investigation of me to determine my suitability for licensure. I give my consent for full and complete disclosure of all records and information concerning myself to the Board, their authorized representatives, or any other persons deemed necessary by the Board in determining my suitability, whether such records and information are of a public, private, or confidential nature, to include criminal history records. This authorization will remain in effect for the duration of my active licensure status with this state or until cancelled by me in writing.

Applicant's Full Name (Printed)

Physical Address (P.O. Boxes **NOT** Accepted)

Sex

Race

Date of Birth

Social Security Number

Place of Birth (City/State): _____

Aliases or Maiden Name: _____

(Signature of Applicant)

(Date)